Division of Health Service Regulation

| NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 6 ROBERTS ROAD, SUITE 103 ASHEVILLE, NC 28803 PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX TAG | STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | (X2) MULTIPLE CONSTRUCTION A. BUILDING: | | (X3) DATE COMF | (X3) DATE SURVEY COMPLETED | | |
|--|--|--|--|--------|---|---|--|--|
| NAME OF PROVIDER OR SUPPLIER CROSSROADS TREATMENT CENTER OF ASHI (X4) ID PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) V 000 INITIAL COMMENTS A complaint survey was completed by desk review on April 14, 2020. The complaint was unsubstantiated based on all observation, record review and interviews completed during the annual, follow up and complaint survey completed on 1/7/20. See Event ID SER911. No deficiencies were cited as a result of the desk review. This facility is licensed for the following service category: 10A NCAC 27G .3600 Outpatient | MHI 011-298 | | B. WING | | | | | |
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| SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX TAG PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DATE | I CROSSROADS TREATMENT CENTER OF ASH | | | | | | | |
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Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE (X6) DATE